

SUPPLEMENT TO THE BRITISH MEDICAL JOURNAL.

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GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

SUMMER SESSION, 1922.

Sir DONALD MACALISTER, K.C.B., President,
in the Chair.

PROFESSIONAL EXAMINATIONS.

Clinical Examinations in Special Examination Halls.

AT the resumption, on May 29th, of the discussion on the Examination Committee's report on professional examinations, Mr. WARING proposed that Recommendation 16, which ran: "Clinical examinations in Medicine, Surgery, and Midwifery should be held in hospitals," should be amended to read, "in properly equipped hospitals or examination halls well provided with suitable patients." He thought it unwise to limit the recommendation to hospitals. In practice, in order to provide a suitable selection of patients, cases were brought into a hospital for the examination from outlying hospitals and infirmaries, and he failed to see how this differed in principle from bringing them to an examination hall. His experience as an examiner was that examinations in a special examination hall were better conducted than in a hospital.

Professor HOPKINS supported this amendment, and said that it had always been the custom at Cambridge for patients to be brought into medical schools. Sir JOHN MOORE pointed out that there were a number of cases, both medical and surgical, in which the patients could not be taken out of their beds for examination. Sir S. RUSSELL-WELLS, in supporting the amendment, said that in London there were a large number of special as well as general hospitals, and to obtain a sufficient variety of cases for examination purposes it was necessary to draw upon more than one hospital. What did it matter, therefore, whether the patients who had to be moved were brought to another hospital or to an examination hall if the latter was properly equipped? To remove them to a hospital would often occasion the hospital authorities inconvenience. Cases which were too severe to be moved from their beds should not in any case be used in examinations.

Dr. NORMAN WALKER said that it was an old recommendation of the Council that examinations should take place in hospitals wherever practicable, but there were circumstances under which, occasionally, examinations could not be so held. He thought there was something in Mr. Waring's contention so far as surgical cases were concerned, but he could not think such a course desirable in medical cases. Dr. MACDONALD thought that the only thing upon which it was necessary to insist was that the hall should be as well equipped as the hospital for this special purpose.

Mr. Waring's amendment was carried.

The Time Devoted to the Student's Principal Case.

Dr. NORMAN WALKER, in moving the recommendation of the Committee that in the examinations in clinical medicine and surgery at least one hour should be allowed to the candidate for the examination of and the report upon his principal case, said that it had been found that the time devoted to the principal case in a clinical examination had varied from ten minutes to three hours.

Mr. WARING thought that the recommendation went too much into detail and that this was a matter upon which the licensing bodies should be trusted; he moved that the recommendation be amended to read, "an adequate time should be allowed to the candidate."

Dr. MACDONALD objected to the word "adequate," which allowed too much latitude to the licensing bodies; and Dr. McVAIL pointed out that to use the word "adequate" for the principal cases implied that the examinations in the other cases need not be adequate. Sir S. RUSSELL-WELLS was of opinion that an hour might be too long in a surgical case, but not a minute too long in a medical. Sir A. CHANCE said that the original recommendation did not compel a man to spend a full hour on his case, and if he had finished his case before the expiration of that time, there was no reason why the rest of the examination should not proceed.

The PRESIDENT said that it had been clear from the inspectors' reports that there were two conceptions of clinical examinations: one was the "spotting" of a number of cases, in which the candidate might have good luck or ill, and the other encouraged patient work in arriving at a correct diagnosis. The object of the recommendation was to eliminate "spotting."

Mr. Waring's amendment was lost; whereupon Sir S. RUSSELL-WELLS moved that in clinical medicine at least one hour and in clinical surgery at least half an hour should be allowed to the candidate. This was agreed to, and on being put as a substantive resolution an amendment to delete the reference to clinical surgery was not carried.

Marks in Examinations.

A long discussion took place on the recommendation that the marks obtainable in the written and oral examinations added together must not be greater than those obtainable for the clinical examination; and that no candidate who failed to obtain 50 per cent. of the marks in the clinical examination should pass.

Sir F. CHAMPNEYS drew attention to the special case of midwifery, in which examination, he said, one of the most important tests was on what was called a dummy pelvis and foetus. Any marks given for this would count in the oral, not in the clinical; and it seemed to him that to allow so large a proportion of marks for the clinical—which often depended, so far as midwifery was concerned, upon a single case—was rather unfair. It might be that the candidate would come out rather low in the restricted clinical examination, which was often all that was possible in midwifery,

and yet come well through the written and oral, including the examination on the dummy pelvis and foetus.

Sir A. CHANCE moved that in each of the three portions of the Final Examination—in medicine, surgery, and midwifery—any candidate who failed to obtain 50 per cent. of the marks in the clinical examination should not pass, whatever marks he might obtain in the written and oral.

This proposal, however, was not acceptable to some members, and the matter gave rise to so much discussion that the Council adjourned for an interval to see whether the Committee could arrive at an agreed proposal. The PRESIDENT then stated that there appeared to be a general wish to have 50 per cent. of marks secured for the clinical, and some members wished 50 per cent. also secured for the written and oral, while others thought that a very good clinical examination might be allowed to compensate for a less good written and oral. He suggested that there should be a minimum for the written and oral, however good the clinical might be. The form of words he proposed to the Council was:

In Medicine and Surgery (and in Midwifery when a clinical examination is held in that subject) no candidate should be allowed to pass who fails to obtain 50 per cent. of the aggregate marks assigned to the entire examination, or who fails to obtain 50 per cent. of the marks assigned to the clinical examination, or who fails to obtain 40 per cent. of the aggregate marks assigned to the written and oral examinations.

This was accepted as expressing the general view, but some members thought that the position as regards midwifery ought to be made clearer, and therefore it was added as a rider:

In Midwifery (where a clinical examination is not held) duly attested records of the work done by the candidate in Practical Midwifery must be presented to the examiners for assessment in the Final Examination.

Sir F. CHAMPNEYS, in answer to certain objections from members as to the lower place which the clinical examination in midwifery assumed as compared with the other portions, pointed out that it was not always possible to get a case in labour on the day of the examination, and, after all, the best test as to a man's capacity in midwifery was that which was obtained from his work during his pupilage.

In the result it was agreed to add that no candidate should be allowed to pass who did not obtain 50 per cent. of the aggregate marks assigned to practical midwifery and gynaecology.

The Completion of the Examination.

In moving the last recommendation of the Committee—

That whatever be the method of entry for the Final Examination, all candidates should be required to complete the three portions of the Final within a period of nineteen months—

Dr. NORMAN WALKER said that this had given rise to considerable difference of opinion, and it did not seem as if the time was ripe for its settlement. The proposal of the Committee had already been adopted by eight universities, but some of the other bodies held views very strongly against it. There was, however, general agreement that such a case as was brought to the Committee's attention, in which one student went up for the fourteenth time in surgery, having passed in medicine four years previously, should not be allowed to occur.

The recommendation was adopted, and the report of the Examination Committee in its entirety was then approved.

DIPLOMAS IN PUBLIC HEALTH.

Sir JOHN MOORE, Chairman of the Public Health Committee, brought forward again a report on the rules for the degree or diploma in sanitary science, public health, or State medicine. These rules were discussed at the last session of the Council, and were printed in full in the SUPPLEMENT of December 10th, 1921 (p. 217). They have since been circulated among the licensing bodies for their observations, and have been redrafted to some extent in accordance therewith. The alterations are very slight, the principal being the reduction from 100 to 80 hours of the minimum period of instruction at an institution or from approved teachers in certain subjects. The subjects are as follows:

The principles of public health and sanitation, 30 hours.
Epidemiology and vital statistics, 20 hours.
Sanitary law and administration (including public medical service), 20 hours.
Sanitary construction and planning, 10 hours.

The examination includes as a new subject meteorology and climatology in relation to public health; it is now required

that in each of the two parts into which the examination is divided the candidate must pass in all the specified subjects at one time; and a further alteration is that certificates that candidates have received the prescribed course of instruction in public health administration may be given by a medical officer of health of any sanitary area in Great Britain having a population of not less than 50,000 (previously it was laid down that in England and Wales such certificates could only be given by medical officers of sanitary areas having populations of not less than 100,000).

Sir JOHN MOORE especially emphasized Rule 1, which requires that a period of not less than two years shall elapse between the attainment by the candidate of a registrable qualification in medicine, surgery, and midwifery, and his admission to the final examination for this public health diploma. The purport of this rule was to provide opportunity for candidates for the diploma to pass from the state of pupilage to that of responsible practitioners, to give mature consideration to the obligations and duties involved in the work of the public health service, and to acquire direct experience of clinical work in a responsible capacity either in practice or in hospital or laboratory appointments. The time had arrived when, in the public interest, the diploma should be confined to candidates who were seriously intending to take up public work as a career. He added that, in order to prevent any hardship, it was proposed that the new rules should not come into operation until January 1st, 1924, and this would enable present candidates for this important qualification to complete the curriculum in good time.

Sir GEORGE NEWMAN hoped that the result of the Committee's labours would commend itself to the Council. It was right that the Council should recognize that it was incurring a considerable responsibility in introducing new rules, and that it would probably receive considerable criticism. There were two questions, however, which critics would have to answer. Was any substantial reform of the D.P.H. rules necessary? And was the proposed reform the best? The answer to the first question was to be found in the reports of the late Dr. Bruce Low, the Council's inspector. Dr. Bruce Low was a man who came very late into public health service after twenty years of private practice—an invaluable asset for a medical officer of health—and he was a man who, quite apart from the narrower and more technical branches of medicine in which he laboured during his public service, was engaged in very wide investigations into cholera, plague, yellow fever, and other diseases in all parts of the world, and brought his experience in these subjects to bear upon his English practice. No characteristic of the public health service appealed to Dr. Low more than its breadth and its close association with the clinical aspects of medicine. Dr. Low regarded the present D.P.H. rules as obsolete. They had been surpassed by those of other nations. The rules did not deal with the problems with which the medical officer of health was now mainly confronted. Therefore he (Sir George) believed that the Council was justified in a substantial reform of the rules. Were the present proposals, then, the best that could be made under the circumstances? He thought, on the whole, they were. They removed from the present D.P.H. rules their main defects. Sanitary law and administration (including public medical service) was included among the subjects in which it was necessary for the candidate to take a certain minimum of instruction. A candidate for the D.P.H. should be equipped in the knowledge of those public medical services which had sprung up of recent years, including the new insurance service, and the school medical service. The amount of practical work required from the candidate was also being increased; and yet, further, the Council was virtually saying that it did not want medical men to sit for the D.P.H. who only intended to use it as an ornament, and did not wish to make their career in the public health service. The new rules would be so severe as practically to confine the D.P.H. to those who intended to take up public health as a career. For such men he could conceive nothing more important than that they should realize the clinical aspects of medicine as expressed in public health. Public health was one of the forms of preventive medicine. There was a preventive medicine which should permeate the whole curriculum, but there was also a preventive medicine which, interpreted administratively, became the public health service. He wanted to see a really practical co-operation between the medical officer of health and the general practitioner. He thought that the insurance service stood in very sore need of ten years of peace. (Hear, hear.) If it could be left alone for ten

years it would begin to yield those great fruits of which at present it carried only the promise. The co-operation in public health service of not only the 12,000 insurance practitioners, but of all medical practitioners, was badly wanted. The new rules would contribute more to that end than the old. The new rules would not escape criticism, and for this the Council must be prepared. There was always a fair share of criticism going about, but at the present time a great deal of criticism was directed at the public health service, partly on account of its remuneration, and partly on account of the disadvantage under which the public health servant laboured because he was not in a position to answer the criticisms levelled against him. These new rules would add to the body of objection. It would be said, and rightly, that they made it more difficult to get the D.P.H. than formerly. The first rule, concerned with the period between obtaining a registrable qualification and admission to the final examination, would be a bar to many men who, under the old rules, would have taken the diploma. It would be said that the D.P.H. was being removed from the sphere of the general practitioner. He thought it was; but at the same time the Council was loading up the general practitioner by the revision of the curriculum, so that he would be fully equipped for all the services which the holder of the former D.P.H. was expected to perform. The rules would also be criticized by the D.P.H. departments in the medical schools, because in only a few cases would they be able to live up to these rules; and the students also would complain that their path was made more difficult. But the centre of gravity in public health matters was changing, and the Council must change with it. It was obviously in the public interest that these new rules should be introduced.

Sir COEY BIGGER and Dr. McVAIL also spoke in support of the new rules, the latter pointing out that although every rule had been criticized by the qualifying bodies and teaching institutions to which they had been sent, there had been a majority of those bodies in favour of every one of them. Sir A. CHANCE thought that the first rule, laying down a two-year period between qualification and admission to the final examination for the diploma, would be a bar to poor men, and this rule had been objected to by, among others, Cambridge, London, and Dublin Universities. He formally moved that the period be one year instead of two, but the amendment found only four supporters, and was lost by a large majority. The new rules were then approved and it was agreed, without dissent, that they should come into operation on January 1st, 1924.

Professional Examinations for Diplomas in Public Health.

Sir JOHN MOORE brought forward a further report from the Public Health Committee containing the returns of professional examinations in 1921 for diplomas in public health, and a list of exemptions granted by the licensing bodies from the rules of the Council with regard to such diplomas. During 1921 397 candidates were examined for the first examination, of whom 304, or 76.57 per cent., passed; and for the second and final examination 398 candidates presented themselves, of whom 292, or 73.37 per cent., were successful.

Before the Council concluded its business, Dr. McVAIL, who said that this was his last opportunity of proposing any resolution in the Council, moved a vote of thanks to the President, whose able leadership of the assembly had been so conspicuous in that and in previous sessions. Any apparent autocracy about the President, he said, was really the result of his speed in thinking, and his desire to focus deliberations which often tended to become diffuse.

Sir DONALD MACALISTER, in reply to the vote of thanks, which was heartily carried, thanked Dr. McVail for his loyal co-operation, and said that on Dr. McVail's retirement from the Council the good wishes of his colleagues would follow him.

RESULTS OF QUALIFYING EXAMINATIONS.

Dr. NORMAN WALKER, on behalf of the Examination Committee, brought forward on May 27th an analysis of the annual tables showing for 1921 the results of examinations for qualifications primarily admitting to the *Medical Register*.

THE DENTAL CURRICULUM.

Sir JAMES HODSDON brought forward a report of the Dental Education and Examination Committee on the revision of the curriculum in dentistry. This was the culmination of a piece of work which began in 1914, in consequence of the alleged shortage of dentists at that time. The number of

dentists in 1914 was 5,271; in 1921 it had risen to 5,831. (This is apart from those admitted under the Act of 1921, whose names are not on the printed *Register* as yet.) The Committee had considered various suggestions made by the Licensing Bodies and dental schools, and also the report of the Departmental Committee on the Dentists Act and the subsequent amendment of that Act. The aim of the Dental Committee had been to suggest a minimum curriculum without impairing the standard of efficiency; the Committee had also had it in mind that there was an increasing tendency for dentists to take a medical as well as a dental qualification. The recommendations of the Committee were that the curriculum should extend over four years of study; that instruction in chemistry, physics, and biology should be the same as that required for medical students; that the general subjects should be taught with a view to meeting the requirements of dental students; and that the special subjects should be so arranged as to ensure a sufficient scientific knowledge and the requisite skill in operative and mechanical procedures. The Committee was in accord with the Departmental Committee in believing that the teaching of dental mechanics at a dental school was preferable to private pupillage; it was not prepared, however, immediately to abolish private pupillage, but if this was permitted by a dental licensing body the time devoted to it should be twice the length of the corresponding time at a dental school. It was stated before the Departmental Committee that about 85 per cent. of students took their dental mechanics in private pupillage, but he believed the proportion now to be not much more than half that figure.

Sir GILBERT BARLING urged the inclusion of a course of instruction in x rays from the point of view of dental examination. This was supported by Dr. MACDONALD, Dr. BOLAM, Mr. TURNER, and others. Mr. GILMOUR, a dental member, did not think that the Council need be under any apprehension lest sufficient attention should not be given to this subject, but he was anxious not to overload the prescribed programme.

The motion to include the study of x rays in relation to dentistry was carried by 17 votes to 5.

After some further discussion the report was agreed to. The President pointed out that the revision of the dental curriculum went step by step with the revision of the medical curriculum, and the Council was entitled to congratulate itself and the Committee upon the completion of another long-continued piece of work.

Other Dental Matters.

Sir JAMES HODSDON said that the dental tables, consisting of the annual returns from the Licensing Bodies as to passes and rejections, presented no unusual feature. A number of colonial and foreign applications had been received and dealt with. The Committee had also considered an application for the recognition of the licence granted by the Provincial Dental Board of Nova Scotia. From the by-laws it did not appear that there was any dental school in the province at which a curriculum might be taken out, but that the Board permitted the holders of qualifications which it recognized to sit for its examination. The Committee did not feel that the Council would be justified in accepting the recognition by the Board of a course of study in dentistry, and it was recommended that the application be not acceded to. This recommendation was adopted.

Reports of Committees.

The President moved the report of the Pharmacopoeia Committee, which dealt only with matters of routine, and mentioned that Sir Nestor Tirard and Professor Greenish had become the Council's representatives on the advisory committee on the testing and marking of glassware for the purpose of scientific measurement in chemistry.

The Students' Registration Committee report, which was moved by Dr. NORMAN WALKER, referred only to claims which had been made for exceptional registration, the antedating of the commencement of professional study in some instances, and applications for the approval of certain recognized teaching institutions.

REVISED STANDING ORDERS.

The standing orders of the Council, as revised by the Executive Committee, were approved. The revision of these standing orders has occupied the Committee for a year, and the business procedure of the Council is now placed on an orderly basis. One of the alterations relates to the fee paid by the medical practitioner who is also on the *Dentists Register*. Formerly it was arranged that when a medical practitioner was placed first on the *Dentists Register* he

should pay a fee of £5, and that when afterwards he was placed on the *Medical Register* he should pay a fee of £2. With the new arrangements regarding the *Dentists Register* consequent upon the creation of the Dental Board the reason for the reduced fee has disappeared, and in future the practitioner who is eligible for both *Registers* will pay the usual fee in each case independently.

Restoration to Register.

The PRESIDENT announced that after a private deliberation the Council had directed the name of Bertie Cecil Eskell to be restored to the *Register*.

DISCIPLINARY CASES.

Convictions for Misdemeanours.

The case of Frederick Percy Richard Gover, registered as care of a firm in the City of London, L.R.C.P. and S.Edin., L.F.P.S.Glasg., came up for postponed judgement. The case was heard at the May session, 1921 (SUPPLEMENT, June 4th, 1921, page 212), when certain convictions for drunkenness while in charge of a motor car were proved against the practitioner, who was required to appear again at the present session, and to submit the names of some of his professional brethren who would testify as to his conduct in the interval. Dr. Gover brought forward a testimonial from only one medical man, Dr. W. G. Donald, of Walthamstow, but he also put in a communication from the Ministry of Health, which had held an inquiry into his case, to the effect that it was satisfied as to his conduct since the inquiry took place, and had decided not to remove his name from the list of insurance practitioners. He had 1,603 persons on his panel list. He declared that he had faithfully observed the pledge he had made on the previous occasion to refrain from intoxicants.

After private deliberation the Council did not see fit to instruct the Registrar to erase Dr. Gover's name.

The case was considered of William Joseph Ryan, registered as of the Overseas Club, Aldwych, London, L.R.C.S.Edin., L.F.P.S.Glasg., who was summoned to appear on the charge that, being a registered medical practitioner, he had been convicted of certain misdemeanours—namely, on two occasions (in 1918 and 1919) of being drunk, and in 1921, at Bow Street, of being drunk and riotous.

The Solicitor to the Council (Mr. Harper) said that there was no suggestion that Dr. Ryan was drunk while engaged on professional duty, but the case was the more serious because in 1916 Dr. Ryan was summoned before the Council on a similar charge, when three convictions for the same kind of offence were recorded against him, and in his absence his name was erased. He was a ship surgeon, and, being away on a voyage at the time, he did not receive the notice of inquiry in that instance, and subsequently he applied for a rehearing. This could not be granted, but in 1917 his name was restored, and since then there had been this further series of convictions.

Dr. Ryan stated that on no occasion was he engaged in the practice of his profession when the incidents occurred. While engaged on his work as a ship surgeon it was his practice to abstain altogether from intoxicants. During the war, for the whole term of which he served on vessels carrying troops, he contracted malaria, with the consequence that a very small amount of strong drink had an undue effect upon him. He was now about to start in private practice in London, and he intended to make his rule of total abstinence continuous.

After the Council had deliberated in private the PRESIDENT addressed Dr. Ryan as follows:

Mr. Ryan, I have to tell you that the convictions alleged against you in the notice have been proved to the satisfaction of the Council. Those convictions and those previously recorded against you indicate a habit which is not only discreditable to your profession, but may become dangerous to your patients. In order to give you an opportunity of reconsidering your habit in this matter, and in order to enable you to show that you have adhered to your pledge to abstain from drink in future, the Council has postponed judgement on the convictions proved against you till the May session, 1923. Before that date you will be required to send to the Registrar of the Council the names of some of your professional brethren who may be willing, upon written application from the Registrar, to testify by letter, addressed to him for the use of the Council, as to your character and conduct in the interval, and in particular in regard to your habits in the matter of drink. You will receive in due course a formal written intimation of what I have just announced to you, and the intimation will specify the date to which I have referred, when you should be present, and should understand that in the event of any further conviction for a similar offence the Council may instruct the Registrar to erase your name from the *Medical Register*.

The case was also considered of William Young, registered as of Usworth, Durham, M.B., Ch.B.Edin., who was summoned on the charge that, being a registered medical practitioner, he had been convicted, in 1921 and 1922, on three occasions at Gateshead borough police court and once at Gateshead county police court; the misdemeanours in three cases were drunkenness whilst in charge of a motor car; and in one case, driving a motor car in a dangerous manner.

Mr. Young did not appear and was not represented, but he sent a letter stating that he did not deny the convictions, but alleging that after his first offence, which was a motor-car offence, the police were very zealous to entrap him. He pleaded worry and illness in answer to the charge of drunkenness. The police superintendent of the district, in a reply to the Solicitor to the Council, wrote that the cases were not serious in themselves, but that on each occasion the doctor was in charge of a motor car. He hoped that the doctor's name would not be erased, but thought it desirable in his own interests that he should be put on some kind of probation.

After the Council had deliberated in private, the PRESIDENT announced that the convictions had been found proved, but judgement would be postponed until November, when Mr. Young would have to appear in person.

Conviction for Manslaughter.

The Council considered the case of Edwin Ernest Willis, registered as of New Herrington, Durham, L.R.C.P. and S.Edin., L.F.P.S.Glasg., who was summoned to appear on the charge that, being a registered medical practitioner, he was convicted at the Durham Assizes in February last of unlawfully killing Eleanor Hannah Davison, and sentenced to twelve months' imprisonment in the second division. Defendant did not appear, nor was he represented.

The Council's Solicitor handed in the certificate of conviction, and said that this was a case of manslaughter by negligence. Dr. Willis was called to attend the wife of a miner. It was alleged that when he called at the house at 6 p.m. he was under the influence of drink. He was induced to leave the house, and came back the same evening at 11.30, by which time, according to the evidence of the woman's husband, he was no longer intoxicated. He brought with him a woman who had assisted him previously at operations; she administered chloroform in a handkerchief, but the evidence was clear that the patient was never wholly under the anaesthetic. Instead of removing the foetus Dr. Willis removed about three feet of intestine. The woman died, and he was prosecuted and convicted, and the judge said that he agreed with the verdict of the jury, and that the punishment he would inflict would not be the only punishment Dr. Willis would suffer because naturally the case meant his professional ruin. Dr. Willis in his evidence had declared that he was invariably temperate, but there seemed to be reason why his statement of facts should be received with caution. The husband, however, said that the doctor was no longer drunk when he came the second time, or he would not have allowed him to operate on his wife.

After deliberation in private by the Council, the PRESIDENT announced that the Registrar had been instructed to erase the name of Edwin Ernest Willis from the *Register*.

Removal of Name from Register.

The Registrar was instructed under the powers of Section 26 of the Medical Act, 1858, to remove from the Colonial List of the *Medical Register* the name of Joseph Ulric Geoffrion, the entry thereof having been made under some error on May 20th, 1920.

British Medical Association.

CURRENT NOTES.

Scholarships and Grants in Aid of Scientific Research.

INTENDING applicants for the British Medical Association's scholarships and grants are reminded that the last date for receipt of such applications is Saturday, June 24th. As has been stated in the notices which have appeared at intervals in the JOURNAL during the past three months, the Association is prepared to receive applications for the Ernest Hart Memorial Scholarship of the value of £200, and for three research scholarships each of the value of £150. The Council is also prepared to make grants for the assistance of research into the causation, treatment, or prevention of disease. The necessary forms of application can be obtained from the Medical Secretary, 429, Strand, W.C.2.

Dr. Kynaston and the Central Ethical Committee.

During the proceedings before the General Medical Council, Dr. Kynaston, as reported in the SUPPLEMENT of June 3rd (pp. 216-17), referred to the action taken by the Central Ethical Committee in connexion with the insertion, by Dr. Kynaston, in his book, *Enlarged Tonsils and Adenoids*, of a photograph of himself and a slip inviting correspondence from persons not necessarily his own patients. The action of the Central Ethical Committee was not placed in its true light on that occasion, and as reports of interviews with Dr. Kynaston which have appeared in the public press contain statements by him which are incorrect, it is well that the true facts should be made known. It was only upon receiving from Dr. Kynaston a definite assurance that the printed slip and his own photograph would in future be omitted from his publication, *Enlarged Tonsils and Adenoids*, that the Central Ethical Committee decided not to move further in the matter. The Committee was later informed that this promise was not being kept, but having learned that the matter was already in the hands of the General Medical Council it refrained from further action.

Fees for the Examination of Emigrants.

A large number of replies have been received to the British Medical Association's circular asking the medical referees appointed to examine emigrants for the Oversea Settlement Office to resign their appointments owing to the

fact that the fees were not approved by the Association. The bulk of those replying have signified their willingness to withdraw on hearing further from the Association, and others have already sent in their resignations. So far, less than 30 have declined to withdraw their names. It is quite evident from the replies received that a great many members had no notion that the fees were not approved by the Association. There also seems to be some misunderstanding as to why the Association took any steps in the matter, and it would be well to make it clear at once that it was in May, 1921, at the direct request of the Government of Australia Migration and Settlement Office, that the original suggestion of 10s. 6d. for each adult and 2s. 6d. for each child was put forward by the Association. It appears that the Government of Australia Migration and Settlement Office has issued a letter to medical referees pointing out that the British Medical Association has asked them to resign and asking them to carry on pending an agreement. This seems to be a reasonable request to make, in view of the proposal to hold a conference, and there is no reason why any member of the Association should not comply.

HOSPITALS POLICY OF THE ASSOCIATION.

MEETING OF THE WESTMINSTER AND HOLBORN DIVISION.

A MEETING of the Westminster and Holborn Division was held on June 1st at St. George's Hospital to discuss the hospitals policy of the Association. The chair was taken by Dr. A. E. COPE.

Dr. WILFRID FOX devoted his speech in opening almost entirely to the question of staff funds. He was convinced that the old method of running hospitals on purely voluntary and honorary lines, if it could be continued, would be the most satisfactory, but economic conditions made its continuance impossible. So long as hospitals were run by charitable people for the benefit of the necessitous poor, the medical staff on its side worked—and wished to work—on an honorary basis. The hospital authorities were not to be blamed for departing from that principle, but neither should medical staffs be blamed if, the principle having been departed from, they failed to fulfil their share of the bargain. As an individual he objected to receiving anything from a hospital, and returned the money even for his work in the venereal diseases clinic; but he was looking at this matter from the point of view of junior members of the staff, to whom it had an importance which it could never assume for the older men. He did not think that the great London hospitals would remain charitable institutions for the necessitous poor, nor did he think that they would be handed over to the municipalities or to the Government; there would probably always be a remnant of charity left, but a large and increasing number of people of moderate means would have to be looked after, the hospitals would become more and more institutions for people who were able to pay at least in part for what they received, and the formation of staff funds must be looked at in the light of this important consideration.

Lieut.-Colonel T. S. B. WILLIAMS, as a member of the Labour party, could not support the hospitals policy of the Association, though he thought it to the good that any policy should be brought forward, for the need was to have something concrete. He disagreed with any line of argument which would seem to separate the question of hospitals from the question of preventive medicine and of general and insurance practice, and also from the question of the economic condition of the people. The British Medical Association proposals were on the lines of capitalist policy. He went on to refer to the need for some form of inspection and control as a guarantee to the supporting public that the staffs of hospitals were giving that regular and punctual attention to the work which the public had a right to expect. The whole idea that the medical staff was unpaid was to him untenable. Although no money might pass, the staff got a *quid pro quo*, and in return the staff should give regular and courteous service. The speaker developed the socialist theory that the need for charitable hospitals was largely due to the unequal distribution of wealth which should never have occurred, and that a fairer distribution, enabling the people to be better fed and housed, would reduce the numbers of out-patients at least by more than half.

Dr. C. BUTTAR divided hospital patients (apart from those who had practically private nursing home accommodation in hospitals) into four classes: (1) the indigent; (2) those who paid for apart or the whole of their maintenance; (3) those who came in under some contributory scheme; (4) the State patients. The medical profession would decline to accept any payment on behalf of the indigent; he thought the profession would be wise also to refuse to take any part of the

contribution of patients in the second category. The third category was the one around which discussion must centre, and in the case of the fourth category there should undoubtedly be a contribution to the staff fund. He believed Colonel Williams's views to represent a hopeless idealism, and that such a plan would not be congenial to the workers themselves, who would prefer to select their own doctor and to have less of the regimentation which would be necessary under a nationalized scheme. Colonel Williams had rather suggested a lack of courtesy on the part of the doctor in the voluntary hospitals. It surprised him that he should imply that the State official would be more courteous. Possibly even the doctor would lose some of his courtesy if he became a State official. In conclusion, he protested against the idea that "charity" conveyed a stigma.

Dr. G. E. HASLIP believed that the staff should be paid for its services, but not on the system adopted by the Hospitals Committee. The Hospitals Report he thought the most unpractical he had ever read. He had one strong objection to the charitable basis of the hospital: the surgeon or physician gave so many hours gratuitously to hospital work that in order to earn sufficient money for a livelihood in the remaining hours he had to charge unduly high fees. He believed that 80 per cent. of the operations done in this country were done gratuitously. The Workmen's Compensation Act was the first nail knocked in the coffin of the voluntary hospital; the second was the National Insurance Act. If the Labour party did not want charity, why should charity be forced upon the workers? It seemed to him that the objection to the voluntary system from the point of view of the Labour party was that with voluntarism one did not get responsibility.

Dr. HARVEY HILLIARD asked how Colonel Williams proposed to deal with indigent persons who objected to charity. Colonel WILLIAMS replied that the Labour party's conception was based on the assumption that the whole of the economic resources of the country could be so reorganized that everybody who was willing to work would become a wealth-producer, and would contribute according to his physical and mental ability towards the upkeep of the State, so that the hospital problem along with other problems would solve itself.

After some further discussion it was resolved to take a very broad and simple resolution:

That the time has now arrived when the staffs of hospitals should receive remuneration for their services.

This was proposed by Dr. HASLIP, seconded by Colonel WILLIAMS, and carried with one dissentient, Dr. HILLIARD, who explained that his objection was to the simplicity of the resolution, which failed to define the particular classes of patients for whom payments to staff funds should be made. It was agreed that this resolution should go to the Representative Meeting.

Association Notices.

TABLE OF DATES.

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| June 10, Sat. | Nomination papers available at Head Office, for election of 12 Members of Council by grouped Home Representatives. |
| June 14, Wed. | Council Meeting, 429, Strand, at 10 a.m. |
| June 23, Fri. | Last day for election of Representatives and Deputy Representatives. |
| June 24, Sat. | Supplementary Report of Council appears in SUPPLEMENT. |
| June 30, Fri. | Last day for receipt at Head Office of notification of election of Representatives and Deputy Representatives. |
| July 7, Fri. | Last day for receipt at Head Office of Amendments and Riders for Annual Representative Meeting Agenda. |
| July 21, Fri. | Annual Representative Meeting, Glasgow, 10 a.m. Nominations for election of 12 Members of Council by grouped Representatives to be received (at A.R.M., Glasgow) by this date. |

ALFRED COX, Medical Secretary.

BRANCH AND DIVISION MEETINGS TO BE HELD.

EDINBURGH BRANCH.—The annual meeting of the Edinburgh Branch will be held at Galashiels on Wednesday, June 21st: 12.30 p.m., luncheon at the Douglas Hotel (charge 3s. 6d.); 1.30 p.m., golf, bowls, and motor drives; 4.30 p.m., tea, provided by the South-Eastern Counties Division, in the Technical College, Galashiels; 5 p.m., business meeting in the large Hall. Members who have not returned the reply postcard with answers to the questionnaire are requested to do so to the honorary secretary, Dr. John Stevens, 78, Polwarth Terrace, Edinburgh, by June 14th. The agenda includes—Report of Branch Council; (a) Annual Reports of Branch and of Divisions; (b) social functions, institution of Branch Golf Club; (c) revision of Branch rules of organization. Report of action of Branch Council in nominating two members to the Local Voluntary Hospital Committee for the

Lothians and Peebles; treasurer's annual report; election of trustee; election of office-bearers; proceedings of the Scottish Committee; correspondence from the Medical Secretary; annual report of Central Council and Annual Representative Meeting.

KENT BRANCH.—The ninth annual meeting of the Kent Branch will be held on Thursday, June 15th, at the Grand Hotel, Folkestone. The council will meet before lunch. The President-elect, Dr. P. G. Lewis, kindly invites members to luncheon at 1.15 p.m. The business meeting will be held at 2.30 p.m., after which Dr. P. G. Lewis will give his presidential address on "Nervous exhaustion." Tea will be provided at 4.30. Agenda: Minutes of last annual meeting, and any business arising. To receive (a) the report of the election of officers for 1922-23, (b) the annual report and financial statement. To make new rules, or alter or repeal existing rules. Members who intend to be present at the President-elect's luncheon are requested to notify Dr. Percy Lewis, 22, Manor Road, Folkestone, not later than the first post on Monday, June 12th. Ladies are not invited this year.

LANCASHIRE AND CHESHIRE BRANCH.—The eighty-sixth annual meeting of the Lancashire and Cheshire Branch will be held at Blackburn on June 28th. After luncheon there will be a reception by the Mayor of Blackburn. The new President, Dr. Orme of Clitheroe, will read his presidential address, and after the routine business of the meeting Dr. Arnold Renshaw (Manchester) and Dr. Daly (Blackburn) will contribute scientific papers. For the afternoon a series of interesting visits and excursions are being arranged, and the members will dine together at 7 p.m.

LANCASHIRE AND CHESHIRE BRANCH: MID-CHESHIRE DIVISION.—A meeting of the Mid-Cheshire Division will be held at the Unicorn Hotel, Altrincham, on Thursday, June 15th, at 3.15 p.m., when Dr. John Hay (Liverpool) will give a British Medical Association lecture on "Some aspects of cardiac disease." Tea will be provided at 4.30.

METROPOLITAN COUNTIES BRANCH.—The annual general meeting of the Metropolitan Counties Branch will be held at 429, Strand, W.C., on Friday, June 23rd, at 4 p.m. Business: (1) Report of scrutineers as to the election of new officers; (2) Annual Report of Council; (3) President's address by Mr. N. Bishop Harman, entitled "London: the triumph of medicine."

METROPOLITAN COUNTIES BRANCH: CITY DIVISION.—The annual general meeting of the City Division will be held at the Metropolitan Hospital, Kingsland Road, on Friday, June 16th, at 9.15 p.m. Agenda: Election of officers; balance sheet; programme for 1922-23; other business. Members wishing to bring forward any matter should give notice. It is hoped that members will endeavour to attend as the Executive wishes the Division to be run by the members, and hopes they will express their opinions on any matter.

METROPOLITAN COUNTIES BRANCH: HAMPSTEAD DIVISION.—The annual meeting of the Hampstead Division will be held at the Hampstead General Hospital on Thursday, June 15th, at 8.30 p.m. Agenda: To receive the annual report of the executive committee; election of (a) officers and executive committee, (b) of ethical committee; provisional agenda for the Annual Representative Meeting. Members are requested to bring the SUPPLEMENT of May 13th to the meeting.

METROPOLITAN COUNTIES BRANCH: LAMBETH DIVISION.—The annual meeting of the Lambeth Division will take place on Wednesday, June 14th, at 4 p.m., at Bethlem Royal Hospital.

NORTHERN COUNTIES OF SCOTLAND BRANCH.—The annual meeting of the Northern Counties of Scotland Branch will be held at the Highland Hotel, Strathpeffer, on Saturday, June 24th. Further particulars will be forwarded to members by circular at a later date.

NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCH.—The annual meeting of the North Lancashire and South Westmorland Branch will be held at Colgarth Hospital, Windermere, on Thursday afternoon, June 22nd, when the President, Dr. Chapman, will introduce a discussion and Dr. Somervell will give a demonstration. Ladies are invited, and a motor boat will be provided if the weather is fine.

NORTH WALES BRANCH: NORTH CARNARVONSHIRE AND ANGLESEY DIVISION.—The annual meeting of the North Carnarvonshire and Anglesey Division will be held on Friday, June 16th, at 2.30 p.m., at the British Hotel, Bangor. Agenda: Election of officers; annual report of Council (SUPPLEMENT, May 6th, which members are requested to bring to the meeting); hospital policy of the Association (SUPPLEMENT, February 25th); instruction of Representative.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—The annual meeting of the South Wales and Monmouthshire Branch will be held at King Edward VII Hospital, Cardiff, on Thursday, June 22nd, at 3.15 p.m.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: MONMOUTHSHIRE DIVISION.—The annual meeting of the Monmouthshire Division will be held at the Royal Gwent Hospital, Newport, on Saturday, June 24th, at 3.30 p.m. Agenda: Correspondence; Election of Officers; Report of Executive Committee of the Division as to the Ebbw Vale Workmen's Medical Society, and resolution in connexion with the matter; Consider Agenda of Representative Meeting. A meeting of the Executive Committee will be held at 3 p.m.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: NORTH GLAMORGAN AND BRECKNOCK DIVISION.—A meeting of this Division will be held at Pontypridd on Thursday, June 29th, when a British Medical Association lecture will be delivered by Dr. H. Morley Fletcher on "Treatment in renal disease."

SOUTH-WESTERN BRANCH.—The eighty-third annual meeting will be held on Thursday, June 15th, at 3.15 p.m., at "Durracombe," Newton Abbot, by kind invitation of the President-elect, when Dr. Shaw will resign the chair to Mr. Haydon, who will deliver his inaugural address. The report of the Branch Council for the year 1921-22 and the Annual Financial Statement for 1921 will be presented, and the officers of the Branch for the year 1922-23 will be elected. Luncheon, also by kind invitation of the President-elect, will take place from 1.15 to 2.30 at "Durracombe." The annual dinner of the Branch will be held at 7 p.m. at the Globe Hotel. Tickets (7s. 6d. each, exclusive of wine) can be obtained from Dr. J. Culross, M.B.E., Roseneath, Newton Abbot. Early application for dinner tickets will greatly facilitate arrangements, and in any case should be made not later than the first post on Monday, June 12th. Mr. Haydon would be obliged if, when answering his invitation, members will state if they expect to come by train, when arrangements will be made to meet them by car at the station; he can also obtain dinner tickets for them if desired. Accommodation can be privately arranged for visitors intending to stay the night at Newton Abbot provided notice is received.

SOUTH-WESTERN BRANCH: EXETER DIVISION.—The annual meeting of the Exeter Division will be held in the Library of the Royal Devon and Exeter Hospital on Tuesday, June 13th, at 3.30 p.m. Tea at 4.30 p.m. Agenda: Report of executive committee. Election of officers for 1922-23. Consider (a) question of Devon county medical officers, (b) annual report of Council of the British Medical Association (SUPPLEMENT, May 6th, which members are requested to bring to the meeting).

YORKSHIRE BRANCH: WAKEFIELD, PONTEFRAC, AND CASTLEFORD DIVISION.—The annual meeting of the Wakefield, Pontefract, and Castleford Division will be held at the Clayton Hospital, Wakefield, on Tuesday, June 13th, at 3 p.m. Agenda: Correspondence; arrangements for annual meeting of Yorkshire Branch to be held at Wakefield on June 27th; election of officers; annual report of Council (SUPPLEMENT, May 6th, which members are asked to bring to the meeting).

Meetings of Branches and Divisions.

YORKSHIRE BRANCH: HARROGATE DIVISION.

A SPECIAL meeting of the Harrogate Division was held in the Imperial Café on May 25th, when Dr. GREENWOOD (Ripon) was in the chair. Dr. W. A. MURRAY, O.B.E., was elected Deputy Representative in Representative Body.

The Annual Report of Council, 1921-22, was discussed. Dr. GARRAD gave a summary of the financial statement. Afterwards he referred to the decreased membership of the Division, and expressed the hope that additional members would be obtained. The SECRETARY read a letter from the Deputy Medical Secretary of the Association regarding the British Medical Association lectures. It was unanimously agreed that it was desirable to arrange for a lecture, possibly at the end of October; the arrangements were left in the hands of the Executive Committee.

Dr. CALTHROP having informed the meeting of the Council's recommendations on medical ethics, it was agreed that the Representative should support the Council's recommendations at the Annual Representative Meeting. Dr. STEVEN referred to the good work of the Insurance Acts Committee, and proposed that every support should be given to the Committee, and that Recommendation 174 be approved. Mr. D'OILY GRANGE seconded the motion, which was carried unanimously. The CHAIRMAN outlined the hospital policy of the Association. An interesting discussion followed, in which Drs. JOHNSTONE, MANTLE, EDGE-COMBE, MILBURN, and HOLMES took part. It was resolved to approve the report in so far as it does not interfere with the purely honorary status of the honorary medical staffs of hospitals.

YORKSHIRE BRANCH: SHEFFIELD DIVISION.

The annual meeting of the Sheffield Division was held on May 26th. The following officers were elected for the year 1922-23.

Chairman: Dr. W. Helm. Vice-Chairman: Dr. A. Young. Honorary Secretary: Dr. H. Brown. Representatives in Representative Body: Dr. A. Forbes and Lieut.-Colonel J. Mackinnon, D.S.O. Deputy Representative: Dr. A. E. Barnes.

Report of Committee.

The report of the Executive Committee stated that during the past year four general meetings had been held, with an average attendance of thirty-two. The Executive Committee met eight times, the average attendance being fourteen. There had been also one joint meeting with the Sheffield Medico-Chirurgical Society. The membership of the Division had increased from 195 to 210.

The report on the first year's working of the Practitioners' Mutual Help Scheme was presented. The object of this scheme is to assure to each member one month's holiday in the year, during which time his work is shared amongst neighbouring practitioners, the patients thus having considerable choice of doctor. The deputizing doctors are credited for their services on a fixed scale of fees, which fees are, of course, debited against the absentee doctor. It is under this arrangement possible for a member of the scheme to earn back the cost of his holiday. A pool is formed and at the end of each half-year a balance is struck and the accounts settled. Some interesting figures were given of the cost to individual members of their holiday during the year. The largest amount paid by any member was £10 9s. 7d., for an absence of three weeks, but in this particular case the member did no work for his neighbours in return, and so earned back none of the cost

of his holiday. Another member who was away from home for one month was in pocket £2 3s. 6d. at the end of the year, and another member was away for a like period at a cost of 15s. 1d. The scheme had proved of value also in case of illness of practitioners, and one instance was quoted of a doctor who had died suddenly one afternoon and whose work was carried on without a break, the patients at the evening surgery being all attended, with a minimum of anxiety and inconvenience to those responsible. The committee working the scheme reported that so far they had not had to investigate any complaint.

On the motion of Mr. GARRICK WILSON, seconded by Dr. MYLAN, Dr. Caiger was cordially thanked for his services as chairman during the past year.

SCOTTISH COMMITTEE.

ELECTION OF DIRECT REPRESENTATIVES, 1922-23.

THIRTEEN members of the Scottish Committee of the British Medical Association are to be elected by the Scottish Divisions, grouped as follows:

	No. of Representatives.
Group I.—The Divisions in the Aberdeen and Northern Counties Branches	2
Group II.—The Divisions in the Dundee, Perth, Fife, and Stirling Branches	2
Group III.—The Divisions in the Edinburgh Branch, and the Dumfries and Galloway Division	3
Group IV.—The Glasgow City Divisions	3
Group V.—The remaining Divisions in the Glasgow and West of Scotland Branch	3

Nominations may be made (a) by a Division, or (b) by three Members in a group. The election, in cases of contest, will be by postal vote of the members in each group.

Forms for nomination may be obtained from the Scottish Medical Secretary, 6, Rutland Square, Edinburgh, and must be returned to him not later than June 19th.

Correspondence.

Public Aspects of Control of Medical Benefit by Approved Societies.

SIR,—At the recent Conference of Panel Committees I moved on behalf of the Kent Panel Committee the following resolution:

"That this Conference is of the opinion that no successful opposition can be made to approved society control of Insurance Acts administration except by enlisting the support and sympathy of the public, and that the time has now come for an extensive press and publicity campaign to this end."

Your report of this states "The resolution was carried, though many abstained from voting." On this, as on many other resolutions meeting with no opposition, a certain number of representatives had not the energy to hold up their hands, but the resolution was carried unanimously, one of only two so carried. I think I am therefore entitled to consider that it met with general approval. Dr. Brackenbury, however, stated that "he had not a notion what the Conference wanted" in this matter, and also that "approved society control of Insurance Acts administration was not in question." From this I must draw the inference, however humiliating, that my oratorical powers need further training if my Panel Committee's instructions are to be properly carried out. In the meantime I would ask to be allowed certain written explanations. My committee are quite distinctly of the following opinions:

1. That approved society control of Insurance Acts administration may be nil, or partial, or complete.
2. That we are in the presence of a threat of a shift to the right (in the dignified phraseology of Mr. Ameth)—that is, towards the direction of complete control. A movement to the right does not mean that the extreme right will be reached in one step.
3. That this movement would not be in the interests of the insured person for whose benefit the Acts exist.
4. That we know this but have no power to prevent it, or, at the best, very little power.
5. That the public does not realize it but has the power which we lack; and the public in this connexion includes some approved societies.
6. That it is therefore our duty as guardians of the public health to see that the public are told.
7. It is further to our self-interest to resist every possibility of a return to the degrading conditions of the battles of the clubs.

In all of these opinions I have no doubt that the Conference did deliberately support the views of my committee. As to ways and means, my committee did not desire to dictate ways and means to the Insurance Acts Committee, but I made one suggestion of my own—namely, that it should be referred to a small committee to consider this aspect of the question and that this committee should have and use powers of co-optation. It should, I think, co-opt someone whose journalistic experience has been in association with daily papers and someone also with extensive experience of

advertising. It might possibly be desirable to co-opt representatives of other bodies whose interests are similar to those of the Association. My committee was sufficiently impressed by the importance of the matter to make arrangements for collecting its share of the necessary expense—and the expense will be considerable. It is possible that the Insurance Acts Committee will prefer to keep complete control in its own hands. If that be the case, may I venture to make certain suggestions as to steps to be taken as part of an "extensive press and publicity campaign"? These are my own suggestions and not those of my committee, and include the following:

1. Authoritative articles in all medical papers. It is to be remembered that many of our own profession have no knowledge of our straits or of how often well-informed remarks from themselves might assist.
2. Meetings between Panel Committees and members of Parliament for their areas, a suggestion which I owe to Dr. Renton of Darford.
3. Addresses to all bodies who can be persuaded to listen, particularly bodies of working men, members of "black coat" organizations, and such bodies as the National Citizens Union.
4. Adequate and paid lobbying.

Perhaps I may add that apart from the immediate object in view an attempt to further develop the interest of the public in health problems would be particularly worthy of the profession. Interest has grown lately, but has largely been guided by the lay press, and not always in paths which would meet with the approval of the profession.—I am, etc.,

Sevenoaks, June 1st.

GORDON WARD.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

The following notifications are announced by the Admiralty:—Surgeon Commander G. Nunn, O.B.E., to the *Centurion*. Surgeon Lieutenant Commanders: J. P. Shorten, D.S.C., to the *Revenge*, for general and special duties in Ophthalmology in 1st Battle Squadron; G. L. Ritchie, M.C., to the *Resolution*; W. H. A. Sinclair-Loutit to the *Stuart*; M. J. Aitken to the *Ark Royal*, temporary, on commissioning.

ROYAL NAVAL VOLUNTEER RESERVE.

Surgeon Lieutenant (late R.N.) W. H. Butcher has transferred to the permanent list as Surgeon Lieutenant, with seniority of May 30th, 1918, and attached to the London Division, list 11.

ROYAL ARMY MEDICAL CORPS.

Captains to be acting Majors: T. H. Sarsfield, from December 9th, 1919, to February 18th, 1920, and from March 17th to July 17th, 1920 (substituted for the notification in the *London Gazette*, December 1st, 1921); A. A. R. Scott, from February 19th to March 16th, 1920; W. K. Campbell, D.S.O., M.C., July 18th, 1921 (substituted for the notification in the *London Gazette*, May 10th, 1922).

Temporary Captain A. H. Marsh relinquishes his commission and retains the rank of Captain.

Lieutenant (temporary Captain) L. Handy to be Captain.

Lieutenant (temporary Captain) W. Y. Eccott to be placed temporarily on the half-pay list on account of ill health.

ROYAL AIR FORCE MEDICAL SERVICE.

W. D. Miller is granted a short service commission as a Flight Lieutenant, with effect from and with seniority of May 15th.

F. W. Squair, T.D., is granted a temporary commission as a Flight Lieutenant (Honorary Squadron Leader), with effect from and with seniority of May 16th.

VACANCIES.

AYR DISTRICT ASYLUM.—Junior Assistant Physician (male). Salary, £300 per annum.

BARNESLEY: BECKETT HOSPITAL.—Junior House-Surgeon (male). Salary, £200 per annum.

BRADFORD MUNICIPAL GENERAL HOSPITAL.—(1) House-Physicians. (2) House-Surgeons. Salary at the rate of £200 per annum.

BRISTOL ROYAL INFIRMARY.—(1) Obstetrician; (2) Senior Resident Officer; (3) Resident Obstetric Officer; (4) Ear, Nose and Throat House-Surgeon; (5) Casualty Ophthalmic House-Surgeon; (6) Two House-Physicians; (7) Four House-Surgeons. Salary for (1), £200 per annum, and for (3), (4), (5), (6), and (7), £120 per annum each.

CANCER HOSPITAL, Fulham Road, S.W.3.—(1) Anaesthetist. (2) Assistant to the Research Department; salary, £700 per annum.

CHESTER COUNTY COUNCIL, Chester.—Locumtenent for District Tuberculosis Officers. Fee, 10 guineas per week.

CHESTERFIELD BOROUGH.—Lady Assistant Medical Officer of Health (Maternity and Child Welfare), and Assistant School Medical Officer. Salary, £500 per annum.

CITY OF LONDON MATERNITY HOSPITAL, City Road, E.C.—Assistant Obstetric Surgeon.

DERBY BOROUGH MENTAL HOSPITAL.—Assistant Medical Officer (male). Salary, £400 per annum.

DERBYSHIRE SANATORIUM FOR TUBERCULOSIS, near Chesterfield.—Assistant Medical Officer. Salary, £300 per annum.

DONCASTER ROYAL INFIRMARY AND DISPENSARY.—Senior House-Surgeon (male). Salary, £220 per annum.

EAST SUSSEX COUNTY MENTAL HOSPITAL, Hellingly.—Junior Assistant Medical Officer (male). Salary, £300 per annum, rising to £400.

GLASGOW EYE INFIRMARY.—Visiting Surgeon.

GREAT YARMOUTH HOSPITAL.—House-Surgeon (male). Salary, £100 per annum.

HAMPSTEAD GENERAL AND NORTH-WEST LONDON HOSPITAL, Haverstock Hill, N.W.3.—(1) House-Physician. (2) House-Surgeon. (3) Casualty Medical and Surgical Officers at Out-patient Department, Bayham Street, N.W. Salary at the rate of £150 per annum each.

KING EDWARD VII SANATORIUM, Midhurst, Sussex.—Pathologist. Salary, £400 per annum.

LONDON UNIVERSITY—William Dunn Chair of Pathology at Guy's Hospital Medical School. Salary at least £1,300 a year.

MACCLESFIELD GENERAL INFIRMARY.—Senior House-Surgeon (male).—Salary, £200 per annum.

MANCHESTER; ANCOATS HOSPITAL.—Honorary Radiologist.

MANCHESTER; ST. MARY'S HOSPITALS FOR WOMEN AND CHILDREN.—House-Surgeon for the Maternity Hospital. Salary at the rate of £100 per annum.

METROPOLITAN HOSPITAL, Kingsland Road, E.8.—Assistant Physician.

MINISTRY OF PENSIONS.—(1) Junior Medical Officer (Surgeon) at Pensions Hospital, Grangethorpe. (2) Two Junior Medical Officers (Surgeons), at the Highbury Group of Hospitals, Moseley. (3) Resident Medical Officers at the Bellahouston Hospital, Glasgow. Salary, £350 per annum.

NEWPORT (MON.); ROYAL GWENT HOSPITAL.—House-Surgeon's Salary, £200 per annum.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.—(1) Assistant Physician; (2) Assistant Surgeon; (3) Casualty House-Surgeon. Honorarium for (1) and (2) for travelling expenses, and for (3), salary, £100 per annum.

RICHMOND (SURREY) ROYAL HOSPITAL.—House-Surgeon (male). Salary, £150 per annum.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—(1) House-Surgeon. (2) Assistant Casualty Officer. (3) Obstetric House-Surgeon. (4) Senior Obstetric Assistant. (5) House-Surgeon at Marlborough Maternity Centre. Salary, £50 per annum.

ST. BARTHOLOMEW'S HOSPITAL.—Two Junior Resident Anaesthetists. Salary, £80 per annum each.

ST. GEORGE'S HOSPITAL, S.W.1.—(1) House-Surgeon. (2) House-Physician. Remuneration, £50 per annum.

ST. HELENS COUNTY BOROUGH.—Assistant Medical Officer of Health. Salary, £450 per annum.

SALOP COUNTY COUNCIL.—Assistant Medical Officer for medical inspection of school children, and Maternity and Child Welfare. Salary, £550 per annum, rising to £700.

SHEFFIELD ROYAL INFIRMARY.—(1) Two House-Physicians; (2) House-Surgeon; (3) Ophthalmic House-Surgeon; (4) Assistant Casualty Officer. Salary, £150 per annum each.

SOUTH SHIELDS; INGHAM INFIRMARY.—Senior and Junior House-Surgeons (male). Salaries, £200 and £150 per annum respectively.

STAFFORDSHIRE, WOLVERHAMPTON, AND DUDLEY JOINT COMMITTEE FOR TUBERCULOSIS.—(1) Medical Superintendent of Prestwood Sanatorium. Salary, £800 per annum. (2) Locumtenent. Salary, £12 12s. a week.

STOKE-ON-TRENT EDUCATION COMMITTEE.—Assistant School Medical Officer (male). Salary commencing at £500 per annum.

SUNDERLAND CHILDREN'S HOSPITAL.—Junior Resident Medical Officer (female).—Salary, £130 per annum.

UNIVERSITY COLLEGE HOSPITAL, Gower Street, W.C.1.—(1) Non-Resident Clinical Assistant in the Ophthalmic Department. Honorarium, £50 per annum. (2) Second Clinical Assistant in Child Welfare Department.

WEST LONDON HOSPITAL, Hammersmith Road, W.—(1) Two House-Physicians. (2) House-Surgeon. Salary, £100 per annum.

WESTMINSTER HOSPITAL, S.W.—(1) Assistant House-Physician; (2) Assistant House-Surgeon. Honorarium at the rate of £52 per annum each.

CERTIFYING FACTORY SURGEONS.—The following vacant appointments are announced: Burton-in-Kendal (Westmorland), Stow-on-the-Wold (Gloucester).

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning.

APPOINTMENTS.

KING'S COLLEGE HOSPITAL.—The following appointments have been made:—Senior Casualty Officer: C. W. Roberts, M.B., B.S. House Anaesthetist: H. J. R. Surridge, M.R.C.S., L.R.C.P. Second Casualty Officer, Assistant House Anaesthetist, and House-Surgeon (Urological Department): E. A. Holmes, M.R.C.S., L.R.C.P. Resident Assistant Clinical Pathologist: C. H. Whittle, B.A., M.B., B.Ch. House-Physicians: H. L. Rayner, B.M., B.Ch., Charlotte K. J. Almond, M.R.C.S., L.R.C.P. House-Physician to Children's Department, and House-Surgeon to Eye Department: C. F. T. East, B.M., B.Ch., M.R.C.P. House-Surgeons: Christobel Charlesworth, M.B., B.S., H. K. Snell, M.R.C.S., L.R.C.P., G. de M. Rudolf, M.R.C.S., L.R.C.P., D.P.H.; A. Mitchell, M.R.C.S., L.R.C.P. Ear, Nose, and Throat Departments: F. A. Bryning, M.R.C.S., L.R.C.P. (Obstetric); Dorothy S. Chamberlain, M.B., B.S. Clinical Assistants (Urological Department): R. S. Roper, F.R.C.S. Edin.; (Radiological Department): F. T. Birkitt, M.B., B.Ch.

MANCHESTER ROYAL INFIRMARY.—Radiological Registrar: R. S. Paterson, M.B., Ch.B. Vict., D.M.R.E. Cantab. Medical Officer of Metabolism: R. S. Paterson, M.B., Ch.B. Vict., D.M.R.E. Cantab. Second Medical Registrar: Miss Ruth Conway, M.B., Ch.B. Vict. House-Physician: James W. Smith, M.B., Ch.B. Vict.

DIARY OF SOCIETIES AND LECTURES.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, Pall Mall East, S.W.—Tues. and Thurs., 5 p.m., Croonian Lecture by Dr. Gordon Holmes: The Symptoms of Cerebellar Disease and their Interpretation.

ROYAL SOCIETY OF MEDICINE.—Section of Tropical Diseases and Parasitology: Mon., 8.30 p.m. Sir Leonard Rogers: Leprosy: its Etiology and Epidemiology; Mr. Denham Pinnock: Quinine Necrosis of Muscles (with demonstration); Dr. J. Bamforth: Cortical Necrosis of the Kidney in a Fatal Case of Malaria (with demonstration). Social evening, Wed., 8.30 p.m., reception by the President and Lady Bland-Sutton; 9 p.m. Address by Dr. T. M. Legge, C.B.E.: Industry and Art (illustrated). The Library will be open and various objects of interest will be exhibited. Music, light refreshments, and smoking. Section of Dermatology: Thurs., 4.30 p.m., Cases; 5 p.m., Mr. Jackson Clarke: Etiology of Molluscum Contagiosum.

POST-GRADUATE COURSES AND LECTURES.

FELLOWSHIP OF MEDICINE, 1, Wimpole Street, W.1.—Tues., 5 p.m.: Sir W. Hale-White: Clinical Symptoms of Coli Infection of the Urine.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Thurs., 4 p.m., Dr. Thompson: Dwarfs.

INSTITUTE OF PATHOLOGY AND RESEARCH, St. Mary's Hospital, Paddington, W.2.—Thurs., 5 p.m., Sir Berkeley Moynihan, Bt.: Diverticula of the Alimentary Tract.

LONDON HOSPITAL MEDICAL COLLEGE, E.—Dr. M. Culpin: Psychoneuroses. Tues., 5.15 p.m., Association Methods. Fri., 5.15 p.m., General Review of Opinions. Surgical Unit: Fri., 4.15 p.m., Mr. Hugh Lett: Painful Micturition.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Westmoreland Street, S.W.1.—Mon., 5.30 p.m., Sir Sydney Russell-Wells: Failing Heart.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.1.—Mon., Tues., Thurs., and Fri., 2 p.m., Out-patient Clinics. Mon., 3.30 p.m., Mr. L. Paton: Papilloedema. Tues., 3.30 p.m., Dr. R. Russell: Syphilitic Diseases of the Nervous System. Wed., 2.15 p.m., Dr. G. Stewart: Clinical Demonstration. Thurs., 3.30 p.m., Dr. H. Howell: Sciatic Neuritis. Fri., 3.30 p.m., Fraenkel's Exercises. Mon. and Thurs., 12 noon, Dr. Greenfield: Neuro-Pathology. Tues. and Fri., 9 a.m., Operations; 12 noon, Dr. Wilson: Anatomy and Physiology of Nervous System. Wed., noon, Mr. S. Scott: Labyrinthine Tests.

ST. MARLBORNE GENERAL DISPENSARY, Welbeck Street, W.1.—Dr. Eric Pritchard: Infant and Child Welfare, Mon., 6 p.m., Food Values.

SOUTH-WEST LONDON POST-GRADUATE ASSOCIATION, Springfield Mental Hospital.—Thurs., 4 p.m., Dr. R. Worth: Examination and Certification of Mental Disorders.

WEST LONDON POST-GRADUATE COLLEGE, Hammersmith, W.—Daily, 10 a.m., Morning Work; 2 p.m., In-patients, Out-patients, Special Departments. Lectures, 5 p.m., Mon. and Wed., Mr. D. Armour: Surgery of the Spine and Spinal Cord. Tues., Sir R. Armstrong-Jones: Treatment of Mental Cases. Thurs., Mr. E. B. Turner: Epidemic Influenza and its Treatment. Fri., Mr. Macdonald: Urinary Surgery.

British Medical Association.

OFFICES AND LIBRARY, 429, STRAND, LONDON, W.C.2.

Reference and Lending Library.

THE READING ROOM, in which books of reference, periodicals, and standard works can be consulted, is open to members from 10 a.m. to 6.30 p.m., Saturdays 10 to 2.

LENDING LIBRARY: Members are entitled to borrow books, including current medical works; they will be forwarded, if desired, on application to the Librarian, accompanied by 1s. for each volume for postage and packing.

Departments.

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate, Westrand, London).

MEDICAL SECRETARY (Telegrams: Medisecra, Westrand, London).

EDITOR, British Medical Journal (Telegrams: Altology, Westrand, London).

Telephone number for all Departments: Gerrard 2630 (3 lines).

SCOTTISH MEDICAL SECRETARY: 6, Rutland Square, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 4361 Central.)

IRISH MEDICAL SECRETARY: 16, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

Diary of the Association.

JUNE.

- 13 Tues. Exeter Division: Annual Meeting, Royal Devon and Exeter Hospital, 3.30 p.m. Tea 4.30 p.m.
- Wakefield, Pontefract, and Castleford Division: Annual Meeting, Clayton Hospital, Wakefield, 3 p.m.
- 14 Wed. London: Council, 10 a.m.
- Lambeth Division: Annual Meeting, Bethlem Royal Hospital, 4 p.m.
- 15 Thurs. Hampstead Division: Annual Meeting, Hampstead General Hospital, 8.30 p.m.
- Kent Branch: Annual Meeting, Grand Hotel, Folkestone, 2.30 p.m. Luncheon 1.15 p.m.
- Mid-Cheshire Division, The Unicorn Hotel, Altrincham: British Medical Association Lecture by Dr. John Hay (Liverpool) on "Some Aspects of Cardiac Disease," 3.15 p.m. Tea at 4.30 p.m.
- South-Western Branch: Annual Meeting, "Durracombe," Newton Abbot, 3.15 p.m. Luncheon, 1.15 to 2.30 p.m. Annual Dinner, Globe Hotel, 7 p.m.
- 16 Fri. City Division: Annual Meeting, Metropolitan Hospital, Kingsland Road, 9.15 p.m.
- North Carnarvonshire and Anglesey Division: Annual Meeting, British Hotel, Bangor, 2.30 p.m.
- 21 Wed. Edinburgh Branch: Annual Meeting, Galashiels. Luncheon, Douglas Hotel, 12.30 p.m. Golf, Bowls, and Motor Drive, 1.30 p.m. Tea (Technical College), 4 p.m., to be followed by Business Meeting.
- 22 Thurs. London: Insurance Acts General Purposes Subcommittee, 2.30 p.m.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

BIRTH.

HAYMAN.—On June 3rd, at 52, Caister Road, Great Yarmouth, to Mary (née Edwards), wife of F. Keith Hayman, M.B., F.R.C.S., a son.

MARRIAGE.

BIGGS—JEANS.—On May 30th, M. G. Biggs, M.D., to Laura Eleanor Jeans, St. Mary's, Lambeth.

DEATH.

ROBINSON.—On May 31st, at St. Mary's Infirmary, Highgate Hill, N., Arthur Henry Robinson, M.D., in his 68th year.